

2004 FORM MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01
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	THIS FORM MUST BE ATTA	CHED TO	FORM MO-	1040 <u>OR</u> FORM	MC)-1040P.		
NAME	LAST NAME FIRST NAME		INITIAL	BIRTHDATE	SOC	CIAL SECURITY NO.		
Ž	SPOUSE'S LAST NAME FIRST NAME		INITIAL	BIRTHDATE	SPC	DUSE'S SOCIAL SECURITY	NO.	
NS	You must check a qualification to be eligible for included with claim.	a credit. Ch	eck only one.	Copies of letters, for	ms, e	etc., must be		
QUALIFICATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran (Attach a copy of letter from Department of Veterans Affair	of the letter from Social orm SSA-1099.) eived surviving spouse rm SSA-1099.)						
FII	LING STATUS Single Married — Filing Combi	ned \square Marr	ied — Living Sep	arate for Entire Year	If n	If married filing combined, you must report both incomes		
F	Failure to provide proper supporting documentati or delay of your claim. Items listed below in co							
1	Enter the amount of income from Form MO-1040, Line 6,	OR Form MO-1	040P, Line 4		1		00	
2	 Enter the amount of nontaxable social security benefits re before any deductions and/or the amount of social securing Attach Form SSA-1099 and/or RRB-1099	ty equivalent rail	road retirement be	nildren nefits.	2		00	
3	 Enter the total amount of pensions, annuities, dividends, Include tax exempt interest from Form MO-A, Part 1, Line Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1 	5 (if filing Form	MO-1040). Attacl	า	3		00	
4	 Enter the amount of railroad retirement benefits (not inclu Attach Form RRB/1099-R (Tier II). If filing Form MO-10- 				4		00	
5	5. Enter the amount of veteran's payments or benefits before Attach letter from Veterans Affairs.	any deductions.			5		00	
6	 Enter the total amount received by you and/or your minor or Temporary Assistance payments (TA and/or TANF). At Social Security Administration and/or Social Services and Employment Security 1099, if applicable	tach a copy of that includes th	Form SSA-1099(s) he total amount of	, a letter from the assistance received	6		00	
7	 Enter the amount of nonbusiness loss(es). You must incl (as a positive amount) here. (Include capital loss from 				7		00	
8	TOTAL household income — Add Lines 1 through 7. Enter total here				8		00	
9	Enter \$2,000 if you are married and filing a combined clair Otherwise, enter "0"	ท with your spoเ	ise.		9	_	00	
10	Net household income — Subtract Line 9 from Line 8. If no credit is allowed. Do not file this claim	the total is ove	r \$25,000,				00	
11	If you owned your home, enter the total amount of real es assessments. Attach a copy of PAID real estate tax re more than five acres or you own a mobile home, attach	state tax that you ceipt(s). If you	ı paid for your hom <mark>r home is on</mark>	e less special	11		00	
12	2. If you rented your home, enter the amount from Form MO-Cl more than Line 8, attach rent payment explanation.) A for the entire year; a statement from your landlord, or c cancelled checks (front and back) along with Form MO	ttach rent recei			12b		00	
13	3. Total tax and/or rent — Add Lines 11 and 12b and enter t	he total or \$750	, whichever is less.	<u></u>	13		00	
14	 Apply Lines 10 and 13 to the chart on pages 29 and 30 to You must use the chart to see how much credit you are Enter this amount on Form MO-1040, Line 37 OR Form M 	figure your Pro allowed.	perty Tax Credit.		14		00	
	THIS FORM MUST BE ATTA	ACHED TO I	FORM MO-104	0 OR FORM MO-10)40P).		



MISSOURI DEPARTMENT OF REVENUE **CERTIFICATION OF RENT PAID FOR 2004**

2004 **FORM MO-CRP**

• Read instructions. • Print or type.

Failure to provide landlord information will result in denial or delay of your claim.

-	out to a second									
1.	1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER			BER	- 1	DU RELATED TO YOUR LA , EXPLAIN.	NDLOR	D? YES NO		
2. NAME			3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)			LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)							
CITY, STATE, AND ZIP CODE			4. LANDLORD'S PHONE NUMBER ()							
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	_	YEAR 2004	TO:	MONTH	D/	AY	YEAR 2004
6.	Enter your gross rent landlord, or copies	paid. Attach rent receip	pt(s) for each ren ont and back). If	nt payment or the receiving assis	e entire year, stance, enter th	a statem ne amoui	ent from your nt of rent YOU paid.	6		00
7.	7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.									
	<u>Additional</u>	persons sharing rent/p	percentage to be	e entered:	1 (50%)	2 (33%)	□ 3 (25%)	7		%
8.		tiply Line 6 by the percer IE 12a OR FORM MO-P						8		00

MO 860-1089 (11-2004)

For Privacy Notice, see the instructions.

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2004						ions. • Print or type. de landlord information will or delay of your claim.		
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2. NAME		3. LANDLORD'S	NAME, SO	OCIAL SECURITY NO., OR F	EIN			
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AE	DRESS, (CITY, STATE, AND ZIP COL	DE (MUS	ST BE COMPLETED)		
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE N	NUMBER				
5. RENTAL PERIOD FROM: MONTH DURING YEAR	YEAR 2004	TO:	MONTH	Di	AY	YEAR 2004		
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid							00	
7. Check the appropriate box and enter the co								
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B. MOBILE HOME LOT — 100%	LOADE FOO							
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1	appropriate box and enter percentag	•	man ye	oui spouse				
F	percentage to be entered:	_	2 (33%)	☐ 3 (25%) · · · · ·	7		%	
	. •			- ()	-			
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a.							00	



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1	appropriate box and enter percentag	•	man ye	oui spouse				
F	percentage to be entered:	_	2 (33%)	☐ 3 (25%) · · · · ·	7		%	
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